U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

FOR OFFICE ONLY RECTOR RECTOR REPORT. READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. File Number U - 02120	2. Fiscal Year Covered From:	
Name and address of person filing.	1 2005 Through: 12 31 4. Name, file number, and address of labor organization.	
Name John Gillis	Name UNITE HERE	
former interesting control and 3 at 5 million management of the second source and the se	Labor Organization File Number 000-511	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 31 West 15th Street	Street 275 Seventh Avenue	
City New York	City New York	
State New York ZIP Code + 4 10011	State New York ZIP Code + 4 10001	
5. Position in labor organization. Vice Fresident		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, 8ldg., Room No., if any	7.b. Amount.	
Street	7.D. Alfount.	
City	TOOLS AND	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Signed Signed	On 5/4/36 [212-243-0300	
	Date Telephone Number	

Name of Person Filing John Gillis	File Number U- 0212	0	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Amalgamated Bank	571		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street 15 Union Square	homograph		
City New York			
State New York ZIP Code + 4 10003			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Bank Director No stocks	; •	
Trade Name, if any:		\$ \$	
P.O. Box, Bldg., Room No., if any	The state of the s	- ANTI-	
Street	11.b. Approximate dollar value of such dealing.	\$0	
City	12.a. Nature of interest held or income received.	Control date on a Whatten ye is access	
State ZIP Code + 4	Fees \$15,277 Meals for Directors' meetings \$727 Spouse Donna Cahill Dividends \$120 Dividend \$120		
	12.b. Amount.	\$16,244	
	12.0. Amount.	System - salab - salab - salab	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		,	
Trade Name, if any:		THE MAJ	
P.O. Box, Bidg., Room No., if any		•	
Street			
City			
State 23P Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

BRUCE RAYNOR, GENERAL PRESIDENT
JOHN W. WILHELM, PRESIDENT/HOSPITALITY INDUSTRY

UNITEHERE!

David M. Prouty, GENERAL COUNSEL Brent Garren Ira Jay Katz Jessica Drangel Judiano Chartier

275 Seventh Avenue New York, NY 10001 TEL (212) 265-7000 FAX (212) 307-6904

MEMORANDUM

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To: Amalgamated Bank Officers

From: David M. Prouty, General Counsel

Re: LM-30 Forms Due to DOL by May 15, 2006

Date: April 28, 2006



Enclosed please find a completed LM-30 form for calendar year 2005 for your signature. Included in the report are the reimbursed expenses, directors' fees and other items reported to us by the Amalgamated Bank and other funds for calendar year 2005. If you received anything else from an employer, trust, fund or vendor that may be reportable, call Judi Chartier at (212) 265-7000, extension 7207, upon receipt of this document.

Note, however, that the DOL recently increased the *de minimus*_threshold from \$25 to \$250. Thus, unless the total value of all items received in 2005 from any single employer or vendor totals over \$250, it need not be reported on the LM-30 form.

Please review the LM-30 carefully. We have enclosed a blank Part B in the event you recall a reportable item. If you now recall more than one item, just photo copy the blank Part B before completing the same. Simply attach any additional Part B forms as needed.

Send your LM-30 (signed and dated) to:

US Department of Labor ESA/OLMS, Room N-5616 200 Constitution Avenue, NW Washington, DC 20210

Please send us a copy of your LM-30 after it is signed and dated. Once again, the LM-30 must be received by the DOL by May 15, 2006.